

INSTRUCTORS BACKGROUNDS

SCOTT GROVER

- Trainer of OHL, PWHL, NCAA, Team Canada and NHL players
- 32 years coaching experience
- Holds valid St. Johns Ambulance First Aid Certificate
- Valid Police Check

TIM HARROW

- North American Light Heavy Weight Muay Thai Champion
- Played Jr “B” hockey for 5 years
- Strength and Conditioning Coach For three different Jr. “A” teams
- Trainer of Olympic Gold Medalist

Jeremy Rupke

- Puck control expert
- Owner and head instructor on “How to Hockey.com”

Scott Grover can be reached at:

(705) 726 – 5321 or by email at

info@scienceofskating.com

Dianna Clark for registration at:(705)380-5102



Scott Grover

99 Nicholson Drive

Barrie, Ontario

L4N 0B2

THE SCIENCE
OF SKATING

&

Harrow
Performance

HOCKEY SKILLS

What is “the *Science of Skating*”

For the past 33 years *The Science of Skating* has built a reputation for producing top level hockey players.

The science of skating is more than an aerobic program designed to make the skater sweat...*The Science of Skating* is designed to develop fundamental skating skills through which a hockey player will achieve greater success.

Explosive acceleration, proper use of edges, improved lateral movement, increased balance, and precise stopping, are just the beginning of the skills that are taught in *The Science of Skating*. We will help the player take his or her game to the next level!

We are excited to introduce Tim Harrow to our staff! Tim brings a world of knowledge to the Off Ice portion of our camp. One more step towards making your son/daughter the best that they can be.

SUMMER PROGRAM

Program A

(Novice to Maj. Atom)

COST: \$220.00

TERM: 5 days (5 hours)

Starting date August 21st

LOCATION: The “Don” rink

DAY	TIME
Mon. to Fri.	6:00 - 6:50 PM
Off Ice	4:30 – 5:30 PM

Program B

(PeeWee to Midget)

COST: \$220.00

TERM & LOCATION: same as above

DAY	TIME
Mon. to Fri.	7:00 – 7:50 PM
Off Ice	5:30 – 6:30 PM

APPLICATION FORM

NAME _____

ADDRESS _____

CITY _____ PC _____

AGE _____ BIRTHDATE _____

PARENT/

GUARDIAN _____

PH() _____

WORK PH() _____

O.H.I.P. # _____

MEDICAL
CONCERNS _____

Program A _____ **or B** _____

WAIVER: THE APPLICANT AGREES THAT THE SCIENCE OF SKATING AND/OR ITS PROPRIETORS AND COACHES WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENT OR LOSS, HOWEVER CAUSED, AND ALSO AGREES TO RELEASE THE AFORMENTIONED FROM ALL CLAIMS AND/OR DAMAGES WHICH ARISE FROM ANY SUCH ACCIDENT OR LOSS.

PARENT/GUARDIAN _____

DATE _____